



# Coconino County Sheriff's Office

Jim Driscoll, Sheriff



## CIVILIAN OBSERVER - INFORMED CONSENT AND WAIVER OF LIABILITY

Name:	Date of Birth:	
Social Security #:	Driver's License #:	State:
Home Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Next of Kin:	Phone #:	
Division you are interested in Observing?		
Day of the week?	Time?	
Email:		
Reason Requesting:		

**It is the policy of our Sheriff's Office to check your criminal history background. Do you give your consent to inquire into your background?** ☐ Yes ☐ No

**Informed Consent:** As a civilian observer you may be introduced into an environment which may place your life in jeopardy or cause serious injury. There are situations that our Officers are unable to foresee the danger as they occur very quickly. The Sheriff's Office wants you to be informed and understand that law enforcement is extremely dangerous, and we cannot guarantee your safety.

**Waiver of Liability:** The above-named civilian observer hereby agrees to indemnify and save harmless the Coconino County Sheriff's Office, the claims, demands, suits and proceedings by others and against all liability which may directly or indirectly arise out of any situation or action, whatsoever, while a civilian observer accompanying any Officer or employee of the Coconino County Sheriff's Office. Any persons under the age of 18 years must have a parent or guardians' consent.

**Attire:** Observer is required to be suitably dressed in a collared shirt, blouse or jacket, slacks and shoes. sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted.

**Weapons:** Observer shall not be in the possession of any weapon, including firearms on the property of the Sheriff's Office or on their person during the ride along.

*I have read, understand, and agree to the Informed Consent and Waiver of Liability statements:*

Signature of Observer:	Date:
Signature of Parent or Guardian:	Date:

<b>Internal Use Only</b>	
Fingerprint card completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Authorization
CCHx <input type="checkbox"/> Record <input type="checkbox"/> No Record	ACJIS Operator
III <input type="checkbox"/> Record <input type="checkbox"/> No Record	
Assigned Deputy/Employee:	Date:
Divisional Supervisor Approval:	Date: